

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042259

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 1686Registral's No. 1686

STATE FILE NUMBER

FILED NOV 26 1962

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Republic,		c. CITY OR TOWN Republic,	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Martha Middle Louella Last Harrington		4. DATE OF DEATH Month November Day 12 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-24-1890
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months 72 Days 72 Hours 72 Min. 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Stone County Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Link		13b. MOTHER'S MAIDEN NAME Sarah Francis Smith	
14. NAME OF HUSBAND OR WIFE W.S. Harrington		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT W.S. Harrington Republic, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Cardiac Decompensation DUE TO (c) Cardiac Decompensation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8/8/56 Month, Day, Year a.m. 11/12/62 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Republic, Missouri	
21. I attended the deceased from 8/8/56 to 11/12/62 and last saw her/him alive on 11/12/62 Death occurred at 12:30 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Re. Harrington</i> (Degree or title)	
22b. ADDRESS Republic, Missouri		22c. DATE SIGNED 11/21/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-14-1962	23c. NAME OF CEMETERY OR CREMATORY Harrington Cemetery	23d. LOCATION (City, town, or county) (State) Republic, Mo.
24. FUNERAL DIRECTOR W.B. Cantrell Republic, Mo.		25. DATE RECD. BY LOCAL REG. 11-23-62	
26. REGISTRAR'S SIGNATURE <i>Effie E. Mellon</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William D. Cantrell

Licensed Embalmer No. 4850

P. O. Address Republic, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

permit
11-13-62